ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

King's Daughters' Hospital and Health Services

City: Madison County: Jefferson Year: 2004

Provider Type: General Acute Hospital

| | I. Inpatient Care | | | | |
|---------------------------------|-------------------|-------|--------|---------------------------------|--|
| Hospital Service Description | | | | Average Charge Per Discharge | |
| Burn Care | 0 | 0 | 0 | \$0 | |
| Cardiac Intensive | 0 | 0 | 0 | \$0 | |
| ICU Med/Surg | 9 | 218 | 1,319 | \$8,386 | |
| ICU Neonatal | 0 | 0 | 0 | \$0 | |
| ICU Pediatric | 0 | 0 | 0 | \$0 | |
| Medical/Surgical | 58 | 3,272 | 12,557 | \$2,708 | |
| Neonatal Intermed | 0 | 0 | 0 | \$0 | |
| Obstetrics | 7 | 427 | 975 | \$2,866 | |
| Pediatric | 8 | 179 | 391 | \$2,249 | |

| Psychiatric | 0 | 0 | 0 | \$0 |
|-----------------|----|-------|--------|---------|
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Beds | NA | 0 | 0 | \$0 |
| Other Services | 0 | 0 | 0 | NA |
| Acute Subtotal | 82 | 4,096 | 15,242 | NA |
| Normal Newborn | 8 | 403 | 855 | \$1,535 |

| II. Outpatient Visits | | | | |
|--|--------|---------------------|---------|--|
| Circulatory System | 9,490 | Digestive System | 3,414 | |
| Endocrine System | 11,926 | Injuries and Poison | 9,049 | |
| Mental Disorder | 1,083 | Musculoskeletal | 10,503 | |
| Neoplasms | 3,833 | Nervous | 2,649 | |
| Respiratory | 4,743 | Urinary | 6,150 | |
| Other/Unknown | 54,581 | Total Visits | 117,421 | |
| Number of Visits to Emerg | 17,789 | | | |
| Percent of Emergency Department Visits of Total Visits | | | 15.1% | |

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Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

| Y - Ambulance Service (Owned) | N - Alcohol/Drug Service | Y - Anesthesia Services |
|---------------------------------|----------------------------|----------------------------|
| N - Audiology | Y - Blood Bank | Y - Cardiac Cath Lab |
| N - Cardiac-Thoracic Surgery | N - Chemotherapy Service | N - Chiropractice Service |
| N - CT Scanner | N - Dental Service | Y - Dietetic Service |
| Y - Extracorporeal Lithotripter | N - Gerontological Service | Y - Home Health Service |
| Y - Hospice | Y - Laboratory Anatomical | Y - Laboratory Clinical |
| Y - Magnetic Resonance (MRI) | N - Neonatal Nursery | N - Neurosurgical Service |
| Y - Nuclear Medicine | Y - Occupational Therapy | Y - Operating Room |
| Y - Opthalmic Surgery | N - Optometric Service | N - Organ Bank |
| Y - Organ Transplant | Y - Orthopedic Surgery | Y - Pharmacy |
| Y - Physical Therapy | N - PET Imaging | Y - Postoperative Recovery |
| N - Psychiatric Emergency | N - Psychiatric Child | N - Psychiatric Forensic |
| N - Psychiatric Geriatric | Y - Radiology Diagnostic | Y - Radiology Therapeutic |
| N - Reconstructive Surgery | Y - Respiratory Care | N - Rehab Inpat CARF |
| Y- Rehab Inpat Non CARF Acc | Y- Rehab Outpatient | N- Renal Dialysis |
| | | |

| Y - Social Services | Y - Speech Pathology | Y - Surgical Inpatient |
|-------------------------|-----------------------------|-----------------------------|
| Y - Surgical Outpatient | N - Trauma Center Certified | N - Transplant Cnt Medicare |
| N - Urgent Care Center | | |

| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|
| | | | | | |

<u>Health Care Regulatory Services</u>

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